WAYLAND RURAL DISTRICT COUNCIL

THE ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1970

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report for 1970 on behalf of Dr. A. Afnan, who relinquished his duties as Medical Officer of Health in February, 1971, to take up an appointment in Essex.

The Rural District of Wayland covers 106,818 acres, and had an estimated mid-year population of 21,060, an increase of 100 persons over the previous year.

Taking the population as a whole, I am happy to be able to report to you that no calamity of any serious magnitude has occurred for the year under review. Indeed, the figures presented for your information on the following pages are for the main part almost identical to those for the previous few years.

Taking the gradual increase in population into account there is no worsening of the situation of the public's health as far as the limitations of statistical analysis can show us. Careful study will show an improvement very occasionally as, for example, in the number of cases of measles notified over the past 2 years compared with previous years. I think there is some justification in believing this is due to the new measles vaccine. At the same time, one should recognise that the notification of infectious disease is notoriously haphazard. Particularly is this the case for persons suffering from any form of bowel infection giving rise to diarrhoea. Many of these are mild and do not come to the notice of general practitioners. Most often again the causative culprit of the symptoms is in doubt and they are not notified. This makes the epidemiology of these diseases a very inexact science on many occasions. However, there can be little doubt that the standard of hygiene of food handling in many establishments leaves much to be desired. Apparently very few kitchen staff at present engaged in food preparation for public consumption are trained to think in terms of bacterial cleanliness, which is so essential for sound hygiene methods. Perhaps the recently introduced courses in our Technical Colleges on catering and hotel management will eventually produce some improvement.

The absence of catastrophies in the sphere of Public Health should not lull us into a sense of false security. Widespread outbreaks of disease are not only caused by germs. Very often the difficulty of reducing the suffering caused by such outbreaks is to find a yardstick to measure their magnitude. Since by the nature of things we all have to die of something, the figures relating to the causes of death are only relevant in the context of the age at the time of death. Thus we are well aware that the deaths which occur by accidents in the house and on the roads very often involve young people, and therefore, are rightly treated with the utmost seriousness and every method possible is utilised to publicise the important causative factors. Some Councils have formed Health Education sub-committees to help propagate such information to their own people. Others have felt that such committees serve no useful function and indeed it must be confessed that their usefulness depends very largely on the enthusiasm and imagination of the individual members and co-opted members concerned.

Perhaps a more important factor than the numbers who die prematurely are the numbers who survive but suffer permanent disability. Since these invariably are many times in excess of fatalities but being less dramatic and not officially notifiable, they receive scant consideration by the public at large. I am thinking particularly of the number of middle aged people - predominantly men - who suffer from permanent disablement from heart disease or strokes. The "Cause of Deaths" from the Registrar General lists them as Ischaemic heart disease and cerebrovascular disease respectively and these together are the greatest causes of death. Both are due to degeneration of the walls of blood vessels. If those affected were all old people they would cause no great concern, but, three important factors make them extremely noteworthy:

1. They are the principal cause of death in middle aged men.
2. Those who die prematurely are only a small proportion of those who suffer a terrifying experience from the same cause, many of whom are permanently disabled.
3. There is an ever-increasing volume of evidence to show that many cases, if not completely preventable, could be delayed until a much later age.

If all this is true - and I believe it to be so - why, we may ask ourselves, are we not doing something about it? The simple answer is that a lot is being done. All propaganda media possible - Press, Radio, Television, are constantly at work on this problem. I don't believe that anyone in this country has not heard that to be overweight is dangerous to health, that to take regular exercise is beneficial, that smoking cigarettes is harmful, that fattening food is best avoided, but vegetable fat (particularly polyunsaturated) is less harmful than animal fats. The problem is that the same propaganda media alternate this advice with even more forceful propaganda of how delifhtful most of the wrong things are! Jolly, rotund men in the thirties and forties chuckle comfortably when confronted with the dangers of being overweight, smoking, etc., and murmur bravely about having to die of something, secretly never believing for one moment that it could happen to them.

We must face the fact that to help those who would possibly suffer from disease of their heart or blood vessels prematurely we would have to alter the whole way of life of people from their third decade onwards to have any significant effect. However, I think it is important that we should continue to churn out our information and concentrate on individual rather than epidemiological success. Here again, Health Education sub-committees can do work of real value.

More exact scientific knowledge for healthy living in later years should probably start at school age, but, it seems to me that this is still a very neglected topic in our chil's education - at least in a manner designed to be of lasting benefit.

The increased scope and improved grants of the 1969 Housing Act has enabled many homes to be brought up to a higher standard than many owners could previously afford. There is no single environmental factor of greater importance to the public's health, both for mind and body, than good and adequate housing. Whilst it is disappointing that more people who could afford to do so have not taken immediate advantage of the improved benefits under the Act, those that have done so have been treated with utmost encouragement and sympathy by the members of this Council. As witness to this is the ever increasing flow of successful applications. This has greatly increased the work load of your officers, which they have undertaken on top of their other duties in the true spirit of the Act.

In conclusion, Sir, I would like to express my deep appreciation to your Health Inspector and his staff for their never-failing co-operation and ready help.

I have the honour to be

Your obedient servant

R. D. Harland

Table 1. GENERAL STATISTICS

Area in acres	106,818
Estimated Resident Population	21,060
Rateable Value	£
Sum produced by a penny rate	£

Table 2. LIVE BIRTHS

	Male	Female	Total
Legitimate	159	134	293
Illegitimate	12	12	24
Totals	171	146	317

Live Birth Rate per 1,000 of estimated Resident Population = 15.1

Table 3. STILL BIRTHS

	Male	Female	Total
Legitimate	4	2	6
Illegitimate	-	-	-
Totals	4	2	6

Still Birth Rate per 1,000 total births = 19

Table 4. TOTAL BIRTHS

	Male	Female	Total
Live	171	146	317
Still	4	2	6
Totals	175	148	323

Table 5. INFANT DEATHS

(a) Infant Mortality (Deaths of infants under 1 year)

	Male	Female	Total
Legitimate	7	2	9
Illegitimate	-	-	-
Totals	7	2	9

Infant Mortality Rate: Total = 28 (per 1,000 live births)
Legitimate = 31 (per 1,000 legitimate births)
Illegitimate = Nil (per 1,000 illegitimate births)

Table 5. (b) Neo-Natal Mortality (Deaths of Infants during first four weeks)

	Male	Female	Total
Legitimate	4	1	5
Illegitimate	-	-	-
Totals	4	1	5

Neo-Natal Mortality Rate (per 1,000 total births) = 16

(c) Early Neo-Natal Mortality (Deaths of Infants under one week)

	Male	Female	Total
Legitimate	4	1	5
Illegitimate	-	-	-
Totals	4	1	5

Early Neo-Natal Mortality Rate (per 1,000 total births) = 16

(d) Perinatal Mortality (Stillbirths and Deaths under 1 week)

	Male	Female	Total
Legitimate	8	3	11
Illegitimate	-	-	-
Totals	8	3	11

Perinatal Mortality Rate (per 1,000 total births) = 34

Table 6. ILLEGITIMATE BIRTHS

MALES - 12 FEMALES - 12 = 24 = 8% of Total Live Births

Table 7. DEATHS (All Ages)

MALE - 140 FEMALE - 111 TOTAL = 251

Death Rate (per 1,000 population) = 11.9

Table 8. CAUSES OF DEATH OF INFANTS UNDER ONE YEAR

	Male	Female	Total
Gastro-Enteritis	1	-	1
Prematurity	1	1	2
Congenital Anomalies	4	1	5
Birth Injury	1	-	1
Totals	7	2	9

Table 9. DEATHS ACCORDING TO AGE GROUPS

	Male	Female	Total
Under 4 weeks	4	1	5
4 weeks and under 1 year	3	1	4
1 year and under 5 years	-	-	-
5 years and under 15 years	2	-	2
15 " " " 25 "	2	2	4
25 " " " 35 "	1	1	2
35 " " " 45 "	3	2	5
45 " " " 55 "	6	3	9
55 " " " 65 "	18	9	27
65 " " " 75 "	37	21	58
75 " " over	64	71	135
Totals	140	111	251

Table 10. CAUSES OF DEATH (All ages)

		Male	Female	Total
B4	Enteritis and other Diarrhoeal Diseases	1	-	1
B19(1)	Malignant Neoplasm, Buccal Cavity etc.	1	-	1
B19(3)	Malignant Neoplasm, Stomach	1	2	3
B19(4)	Malignant Neoplasm, Intestine	5	1	6
B19(6)	Malignant Neoplasm, Lung, Bronchus	13	-	13
B19(7)	Malignant Neoplasm, Breast	-	2	2
B19(8)	Malignant Neoplasm, Uterus	-	1	1
B19(9)	Malignant Neoplasm, Prostate	3	-	3
B19(10)	Leukaemia	1	2	3
B19(11)	Other Malignant Neoplasms	4	8	12
B20	Benign and Unspecified Neoplasms	1	-	1
B21	Diabetes Mellitus	3	1	4
B23	Anaemias	-	1	1
B46(5)	Other diseases of Nervous System	2	2	4
B26	Chronic Rheumatic heart Disease	1	1	2
B27	Hypertensive Disease	1	1	2
B28	Ischaemic Heart Disease	45	17	62
B29	Other Forms of Heart Disease	2	9	11
B30	Cerebrovascular Disease	12	28	40
B46(6)	Other Diseases of Circulatory System	3	9	12
B31	Influenza	2	2	4
B32	Pneumonia	8	7	15
B33(1)	Bronchitis and Emphysema	5	1	6
B33(2)	Asthma	1	-	1
B46(7)	Other dieseases of Respiratory System	2	-	2
B34	Peptic Ulcer	1	-	1
B35	Appendicitis	2	-	2
B37	Cirrhosis of Liver	1	-	1
B46(8)	Other Dieseases of Digestive System	1	3	4
B39	Hyperplasia of Prostate	1	-	1
B46(9)	Other Diseases, Genito-Urinary System	1	3	4
B46(10)	Diseases of Skin, Subcutaneous Tissue	1	-	1
B42	Congenital Anomalies	1	1	2
B43	Birth Injury, Difficult Labour, etc.	1	-	1
B44	Other causes of perinatal mortality	3	1	4
B45	Symptoms and ill defined Conditions	2	3	5
BE47	Motor Vehicle Accidents	2	1	3
BE48	All other accidents	4	2	6
BE49	Suicide and Self-Inflicted Injuries	2	2	4
	Totals	140	111	251

Table 11. DEATHS DUE TO CANCER

Year	Male			Female		
	Total Deaths	Total Cancer Deaths	Cancer of Lung	Total Deaths	Total Cancer Deaths	Cancer of Lung
1970	140	29	13	111	16	-
1969	107	18	9	116	27	3

Table 12. NOTIFICATION OF INFECTIOUS DISEASES (According to age Groups)

Diseases	Under 1 yr.	1 to 4 yrs.	5 to 14 yrs.	15 to 24 yrs.	Over 24	Total
Tuberculosis (Respiratory)	-	-	-	-	5	5
Infective Jaundice	-	-	-	-	2	2
Measles	1	18	11	-	3	33
Dysentery	1	-	-	-	-	1
Scarlet Fever	-	-	-	-	1	1

Information given by the County Medical Officer in respect of vaccination carried out during the year in Area 6 (comprising Swaffham and Wayland R.Ds., Swaffham U.D. and Borough of Thetford) is shown in the following tables 13 to 18.

Table 13. DIPHTHERIA IMMUNISATION - Area 6

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-15	Total	Age 1-4	Age 5-15	Total
530	104	32	666	115	631	746

Table 14. IMMUNISATION AGAINST WHOOPING COUGH - Area 6

PRIMARY			BOOSTERS
Age 0-1	Age 2-4	Age 5-15	Under 5
522	98	637	157

Table 15. IMMUNISATION AGAINST TETANUS - Area 6

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-15	Total	Age 1-4	Age 5-14	Total
530	105	77	712	117	898	1,015

Table 16. VACCINATION AGAINST POLIOMYELITIS - Area 6

PRIMARY				BOOSTERS		
Age 0-1	Age 2-4	Age 5-14	Total	Age 1-4	Age 5-15	Total
530	106	30	666	86	803	889

Table 17. B.C.G. VACCINATION AGAINST TUBERCULOSIS - Area 6

This is given at the age of 13 years to all school children who do not react to the tuberculin skin test. Number of skin tests and subsequent B.C.G. vaccinations last year is recorded.

Number Skin Tested	Number Positive	Number B.C.G. Vaccinated
534	49	440

Table 18. ENGLISH MEASLES VACCINATION - Area 6

	Age 0-1	Age 2-4	Age 5-14	Total
1969	140	191	153	484
1970	230	303	220	753